



**VILLAGE OF OAK LAWN**  
9446 SOUTH RAYMOND AVENUE  
OAK LAWN, IL 60453  
(708) 499-7738 FAX (708) 636-8606

**STREET CORNER SOLICITATION FORM**

Name of Charitable Organization: \_\_\_\_\_

Charitable Organization Tax ID# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Driver's License# N/A \_\_\_\_\_

Phone or Cell No.: \_\_\_\_\_

Dates requested for solicitation: \_\_\_\_\_

Location(s) requested for solicitation: \_\_\_\_\_

Solicitation is restricted to 2 (two) consecutive days from 9:00 am until dusk (Friday & Saturday)  
Reflective vests are to be worn by all participants.

- No person under the age of 18 is allowed on the street.
- The charitable organization that you represent is liable for any injuries.
- One permit is required per intersection requested - permit must be kept at the intersection.
- The Village of Oak Lawn has the right to refuse any organization from soliciting in Oak Lawn.
- **ALWAYS USE CAUTION WHEN ENTERING OR EXITING THE STREET.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Village Clerk

FOR OFFICE USE ONLY

Dates of Solicitation \_\_\_\_\_

Solicitor # \_\_\_\_\_

Clerk's Copy \_\_\_\_\_

Police Dept. Copy \_\_\_\_\_



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INDEMNITY AND HOLD HARMLESS Pursuant to the requirements of the Illinois Compiled Statutes, Section 625 ILCS 5/11-1006 and in consideration of permitting the undersigned to solicit charitable contributions pursuant to the provisions of Oak Lawn's Municipal Code, the undersigned solicitor or soliciting agency hereby irrevocably indemnifies and holds harmless the Village of Oak Lawn, its officers, employees, agents and representatives, of and from all claims, actions, suits, and demands of whatsoever kind resulting from or arising out of any solicitation engaged in by the undersigned or any of its agents, or representatives within the Village of Oak Lawn during the calendar year. The undersigned represents and warrants that this undertaking has been authorized by appropriate resolution of all bodies necessary to its adoption and that such resolutions are in full force and effect.

IN WITNESS WHEREOF, the undersigned has executed this indemnity and hold harmless as of

\_\_\_\_\_, 20\_\_\_\_\_.

ACCEPTED and AGREED:

By: \_\_\_\_\_(signature)

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Date